

**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
AND CHANGE OF  
CORRESPONDENCE ADDRESS**

Application Number	10/820,567
Filing Date	April 7, 2004
First Named Inventor	O'FARRELL, Robert
Art Unit	2169
Examiner Name	KIM, Paul
Attorney Docket Number	026276-000210US

To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- all the practitioners of record;
- the practitioners (with registration numbers) of record listed on the attached paper(s); or
- the practitioners of record associated with Customer Number: 20350

**NOTE:** The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR:

- |                                         |                                          |                                                            |                                                 |
|-----------------------------------------|------------------------------------------|------------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> 10.40(b)(1)    | <input type="checkbox"/> 10.40(b)(2)     | <input type="checkbox"/> 10.40(b)(3)                       | <input checked="" type="checkbox"/> 10.40(b)(4) |
| <input type="checkbox"/> 10.40(c)(1)(i) | <input type="checkbox"/> 10.40(c)(1)(ii) | <input type="checkbox"/> 10.40(c)(1)(iii)                  | <input type="checkbox"/> 10.40(c)(1)(iv)        |
| <input type="checkbox"/> 10.40(c)(1)(v) | <input type="checkbox"/> 10.40(c)(1)(vi) | <input type="checkbox"/> 10.40(c)(2)                       | <input type="checkbox"/> 10.40(c)(3)            |
| <input type="checkbox"/> 10.40(c)(4)    | <input type="checkbox"/> 10.40(c)(5)     | <input type="checkbox"/> 10.40(c)(6) Please explain below: |                                                 |

#### Certifications

**Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.**

1.  I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
2.  I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
3.  I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:

The client has dismissed the practitioners of record from representation and has requested future correspondence be sent to the address indicated below.

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AND CHANGE OF CORRESPONDENCE ADDRESS**

Complete the following section only when the correspondence address will change. Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71.

Change the correspondence address and direct all future correspondence to:

A.  The address of the inventor or assignee associated with Customer Number: \_\_\_\_\_

OR

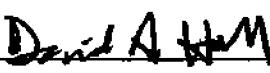
B. <input checked="" type="checkbox"/>	Inventor or Assignee name	Antenna Dexterra, Inc. c/o Sutton Magidoff LLP
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Address 909 Third Avenue, 27<sup>th</sup> Floor

City New York	State NY	Zip 10022	Country USA
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Telephone 212.584.1990	Email paul@suttonmagidoff.com
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I am authorized to sign on behalf of myself and all withdrawing practitioners.

Signature 			
Name David A. Hall	Registration No. 32,233		
Address Townsend and Townsend and Crew LLP Two Embarcadero Center, Eighth Floor			
City San Diego	State CA	Zip 94111-3834	Country USA
Date January 26, 2010	Telephone No. 858-350-6100		

*NOTE: Withdrawal is effective when approved rather than when received.*

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